

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000053749

1. Entity Name

A.G.M. SILVER, INC.



Principal Place of Business

55 NE 1ST ST SUITE 12
MIAMI, FL 33132

Mailing Address

55 NE 1ST ST SUITE 12
MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE



00302005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0669740

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMINOV, ABRAM
55 NE 1ST ST SUITE 12
MIAMI, FL 33132

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *AB*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ABRAM AMINOV

7/2/05

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000374499
07/26/05-80002-015 558.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
AMINOV, ABRAM
55 NE 1ST ST SUITE 12
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *AB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRAM AMINOV

Date

Daytime Phone #

7/2/05 (305) 374-7770